

AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

Civil Action No. 1:15-cv-03095-SCJ

PROOF OF SERVICE*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* Bard Peripheral Vascular, Inc.
 was received by me on *(date)* 9/2/2015.

☐ I personally served the summons on the individual at *(place)* _____
 on *(date)* _____; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* _____
 _____, a person of suitable age and discretion who resides there,
 on *(date)* _____, and mailed a copy to the individual's last known address; or

☐ I served the summons on *(name of individual)* _____, who is
 designated by law to accept service of process on behalf of *(name of organization)* _____
 on *(date)* _____; or

☐ I returned the summons unexecuted because _____; or

☒ Other *(specify)*: Pursuant to FRCP. 4, the summons was served via certified mail to CT Corporation System,
 registered agent for Bard Peripheral Vascular, Inc. A copy of the proof of delivery signed by an
 employee of the registered agent on 10/5/2015 is attached hereto.

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ 0.00.

I declare under penalty of perjury that this information is true.

Date: 12/1/2015



Denicia Ortiz
Server's signature

Denicia Ortiz, Paralegal
Printed name and title

The Nations Law Firm
 3131 Briarpark Drive, Suite 208
 Houston, TX 77042
Server's address

Additional information regarding attempted service, etc:

7012 2920 0001 1405 9256

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$	Duffie, Mary 629273-IVC Postmark Here (SVC) SUM + POP to BPV (dmo) 10/1/15
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

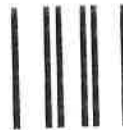
Sent To
 Bard Peripheral Vascular, Inc. c/o CT Corp Systems
 Street, Apt. No., or PO Box No. 3800 N. Central Ave #460
 City, State, ZIP+4 Phoenix, AZ 85012

PS Form 3800, August 2006 See Reverse for Instructions

Duffie, Mary - IVC-629273 (SVC) SUM + POP to BPV 10-1-15 (dmo)

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature X CT CORPORATION SYSTEM Agent PHOENIX ARIZONA Addressee	
1. Article Addressed to: Bard Peripheral Vascular, Inc. c/o CT Corporation System 3800 N. Central Ave. Ste. 460 Phoenix, AZ 85012		B. Received by (Printed Name) C. Date of Delivery 10-5-15	
2. Article Number (Transfer from service label) 7012 2920 0001 1405 9256		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No 10-9-15 GG	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

UNITED STATES POSTAL SERVICE
 AZ 852
 05 OCT '15
 PM 8 L



First-Class Mail
 Postage & Fees Paid
 USPS
 Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

THE NATIONS LAW FIRM
 ATTN: DENICIA ORTIZ
 3131 BRIARPARK DR. STE. 208
 HOUSTON, TX 77042

OCT 9 2015

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